PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	Atton	ney Docket No. (
UTILITY	First	Inventor Motos	entor Motoshi Yamauchi				
PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.)	Title	KEY PAD, RESIN KEY TOP INJECTION MOLD, Title AND RESIN KEY TOP MANUFACTURING METHOD					
(Only for new horiprovisional applications under 57 Or 11		ess Mail Label No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent applications.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. X Drawing(s) (35 U.S.C. 113) [Total Shee] 5. Oath or Declaration [Total Shee] 5. Oath or Declaration [Total Shee] i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	ts 8] ts 2]	8. Nucleotide ar (if applicable, a. Compute b. Specification i. Statement and statemen	I or CD-R in duplicer Program (Appelled or Amino Acid all necessary) atter Readable Foundary Readable Foundary Readable Foundary Readable Foundary Regional Regional Request under the International Regional Regi	cate, large table or ndix) Sequence Submission rm (CRF) ng on: R (2 copies); or ii. entity of above copies PPLICATIONS PARTS r sheet & document(s)) t			
6. Application Data Sheet. See 37 CFR 1.76		17. Other:					
Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The under Box 5b, is considered a part of the disclosure of reference. The incorporation can only be relied upon w	r 37 CFR 1.76: inuation-in-part (e entire disclosur the accompanyir hen a portion ha	CIP) of prior applications of the prior application or division or	ation No.: Art Unit: on, from which assional application mitted from the s	n oath or declaration is sup and is hereby incorporate	oplied d by		
X Customer Number or Bar Code Label	23	353	or [Correspondence addre	ss below		
RADER, FISHMAN & GR David T. Nikaido	AUER PLL	0					
Address 1233 20th Street, N.W. Suite 501							
City Washington	State	DC	 -	Zip Code 20036			
Country US	Telephone	(202) 955-375	0 <i>F</i>	ax (202) 955-375°	<u> </u>		
Name (Print/Type) Carl Schaukowitch		Registration No	o. (Attorney/Agen	1 29,211			
Signature all Sec			Date	July 30, 2003			



PTO/SB/17 (05-03)
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Under the Paperwork Reduction Act of 1995, no persons are require						lete if Known		
FEE TRANSMITTAL for FY 2003 Effective 01/01/2003, Patent fees are subject to annual revision.						lot Yet Ass		
			7 (polication) Tailings.			July 30, 2003		
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Applicant claims small entity status. See 37 CFR 1.27	7110 01110					lot Yet Ass		
TOTAL AMOUNT OF PAYMENT (\$) 790.00		Attorney Docket No. OHT-0020					·	
METHOD OF PAYMENT (check all that apply)				FEE	CALCULA	TION (con	tinued)	
Check Credit Money Other None	3. ADDITIONAL FEES							
X Deposit Account	Large	e Entity	Small	Entity	_			
Deposit Account 18-0013		Fee (\$)	Fee Code	Fee (\$)		Fee Descr	iption	Fee Paid
Number	Code				•	lata filian tan		
Account Rader, Fishman & Grauer PLLC	1051	130	2051	65	Surcharge -	_		
Name The Director is hereby authorized to: (check all that apply)	1052	50	2052	25	sheet.	iate provision	nal filing fee or cover	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	specification		
Charge any additional fee(s) during the pendency of this	1812	2,520	1812	2,520	For filing a rec	quést for <i>ex pa</i>	arte reexamination	
application	1804	920*	1804	·	Requesting p	oublication of		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting p	oublication of	SIR after	
FEE CALCULATION	1251	110	2251	55	Examiner act Extension for		first month	
1. BASIC FILING FEE	1252	410	2252	205	Extension for	r reply within	second month	
Large Entity Small Entity	1253	930	2253	465	Extension for	r reply within	third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,450	2254	725	Extension for	r reply within	fourth month	
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee 750.00	1255	1,970	2255	985	Extension for	r reply within	fifth month	
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of App	peal		
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief	in support of	an appeal	
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for o	_		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		-	ic use proceeding	
SUBTOTAL (1) (\$) 750.00	1452		2452	55	Petition to re			
	1453		2453	650	Petition to re			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,300	2501	650	Utility issue f	·	θ)	
Claims below Fee Paid	1502		2502	235	Design issue			
Total Claims 16 -20** = x = 0.00	1503		2503 1460	315 130	Plant issue for Petitions to t		ioner	
Independent 3 -3** = X = 0.00	1460							
Multiple Dependent =	1807		1807	50	Processing f			-
Large Entity Small Entity	1806	180	1806	180			n Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	property (tim	nes number o		40.00
1202 18 2202 9 Claims in excess of 20		750	2809	375	Filing a subri (37 CFR 1.1)		final rejection	
1201 84 2201 42 Independent claims in excess of 3		750	2810	375	For each add	ditional inven		
1203 280 2203 140 Multiple dependent claim, if not paid		750	2801	375		37CFR 1.129 Continued E	(b)) xamination (RCE)	
1204 84 2204 42 ** Reissue independent claims over original patent			1802		Request for	expedited ex	•	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1802 900 1802 900 of a design application Other fee (specify)						
SUBTOTAL (2) (\$) 0.00		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00						
**or number previously paid, if greater, For Reissues, see above								
SUBMITTED BY						Complete (if applicable)	
Name (Print/Type) Carl Schaukowitch		stration N		9,211		Telephone	(202) 955-3750	0
Signature Colonial Co	(1110)	onley/Agenty				July 30, 2003		
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